

ADDITIONAL CHARACTERISTICS - DPSS/SDA/GRANTEE CERTIFICATION - Section 6

☐ The individual is receiving TANF assistance AND has one or more of the following characteristics associated With long-term welfare dependence:

- | | |
|---|---|
| <input type="checkbox"/> Single Parent | <input type="checkbox"/> Survivor of domestic violence |
| <input type="checkbox"/> Caretaker in Family on Welfare | <input type="checkbox"/> Food Stamp Recipient |
| <input type="checkbox"/> School dropout | <input type="checkbox"/> Public Housing/Section 8 Resident |
| <input type="checkbox"/> Veteran | <input type="checkbox"/> Requires subsidized child care |
| <input type="checkbox"/> Pregnant Teen (an adult who had a child as a teen) | <input type="checkbox"/> Disabled (specify disability) _____ |
| <input type="checkbox"/> Limited English speaking | <input type="checkbox"/> Requires mental health services |
| <input type="checkbox"/> Older adult (over 55) | <input type="checkbox"/> Requires substance abuse treatment |
| <input type="checkbox"/> Homeless | <input type="checkbox"/> Generational History of Receiving Assistance |
| <input type="checkbox"/> Other (specify) _____ | |

I, _____ hereby certify that the information provided herein is true and correct.
 Printed Name

Signature _____ Date: _____ Phone: () _____

Agency: _____

SERVICES SUMMARY - Section 7

The participant has received the following TANF/AFDC/GAIN services over the last year:

| Currently | Within the last year | |
|--------------------------|--------------------------|---------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Child Care |
| <input type="checkbox"/> | <input type="checkbox"/> | Transportation |
| <input type="checkbox"/> | <input type="checkbox"/> | Job Club Services |
| <input type="checkbox"/> | <input type="checkbox"/> | Other Supportive Services |
| <input type="checkbox"/> | <input type="checkbox"/> | Training |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ |

LOCALLY-DEFINED CHARACTERISTICS - SDA/GRANTEE CERTIFICATION - Section 8

- ☐ Resident in High Crime or Poverty Area **NOTE: THIS SECTION IS NOT COMPLETED BY DPSS**
- ☐ Working Poor
- ☐ Offender/Ex-Felon
- ☐ Emancipated Former Foster Care Recipient
- ☐ Other

I, _____ hereby certify that the information provided herein is true and correct.
 Printed Name

Signature _____ Date: _____ Phone: () _____

Agency: _____

ATTACHMENTS

GAIN-

- ☐ GN 6006 (Service Provider Referral Form)
- ☐ GN 6014 GAIN Vocational Assessment
 Welfare-to-Work/Career Plan)
- ☐ WtW 2, Welfare-to-Work Activity Agreement
 Assignment

SDA-

- ☐ Summary of Proposed SIP Program
- ☐ Assessment Results

COMMENTS

12/7/98

| Contacts for DPSS Regional Offices | One-Stop Areas Served |
|---|--|
| Region II San Fernando Valley 14355 Roscoe Blvd. Panorama City, CA 91402 Kathy Marx (818) 895-5984 | El Proyecto Del Barrio/SFV One-Stop Center Los Angeles Mission College One-Stop Career Center |
| Lancaster Sub-Office of Region II 349-C East Avenue K-6 Lancaster, CA 93535 | Antelope Valley Workforce Development Consortium |
| Region III San Gabriel Valley 3629 Santa Anita Avenue El Monte, CA 91731 Ken Krantz (626) 350-4741 Alisa Chepeian (626) 350-4768 | Career Partners One-Stop Career Center Foothill One-Stop Career Center L.A. Works One-Stop Career Center Mid-San Gabriel Valley One-Stop Career Center Pomona One-Stop Career Center (Whittier Zip 90601) |
| Region IV Central and West County 1500 South Figueroa Street Los Angeles, CA 90015 Wanda James (213) 763-7502 Carolyn Woodard . . . (213) 763-7516 | South Central One-Stop Career Center West Los Angeles One-Stop Career Center |
| Region V South County 2959 Victoria Street Rancho Dominguez, CA 90221 Daisy Joseph (310) 603-8239 Mark Sands (310) 603-8355 | City of Compton One-Stop Career Center South Bay One-Stop Career Center |
| Region VI Southeast County 5460 Bandini Blvd. Bell, CA 90201 Francisco E. Perez . . (323) 881-5432 | East Los Angeles One-Stop Career Center Hub Cities One-Stop Career Center SASSFA One-Stop Career Center |
| Newest Office Exposition Park Angela Snow (323) 730-3048 Tina R. Williams (323) 730-3044 | Los Angeles City One-Stops |

Name of Client: _____

Client Social Security Number: _____ Case Number: _____

1. Have you ever attended a GAIN Orientation? ☐ Yes ☐ No
- a. If "Yes", did you complete a test on Math and Reading? ☐ Yes ☐ No
- b. Please list any other tests you may have completed _____
- _____
- _____

2. Have you ever attended the Job Club or used the Job Search program at your DPSS office? ☐ Yes ☐ No
- If you answered "Yes" on Questions number 2, were you able to obtain employment as a result of your search? ☐ Yes ☐ No

3. Have you ever met/spoke with a DPSS counselor to discuss an employment plan or been assessed? ☐ Yes ☐ No

4. Have you ever attended or are you currently involved in any of the following? Please check all the appropriate boxes:
- | | |
|---|---|
| <input type="checkbox"/> Mental Health Treatment | <input type="checkbox"/> Job Search Services |
| <input type="checkbox"/> Substance Abuse Treatment | <input type="checkbox"/> Work Experience Program |
| <input type="checkbox"/> Domestic Violence Counseling | <input type="checkbox"/> Education/Training Program |

5. Are you currently employed? ☐ Yes ☐ No

If "Yes", please answer 5a. And 5b.

- a. How many hours per week do you work? _____
- b. Please check any of the following services you are interested in:
- | | |
|---|--|
| <input type="checkbox"/> Job Retention | <input type="checkbox"/> Mentoring |
| <input type="checkbox"/> Education/Training | <input type="checkbox"/> Life Skills |
| <input type="checkbox"/> Mental Health Treatment, Substance Abuse Treatment, Domestic Violence Counseling | <input type="checkbox"/> Supportive Services |

I certify that the aforementioned information is true and correct to the best of my knowledge.

Client Signature: _____ Date: _____

Name of Referring Agency: _____